Virginia Office of Emergency Medical Services Grant Programs Application

Revision – January 2005

Rescue Squad Assistance Fund

General

Special Projects
Emergency Operations

Virginia Department of Health
Office of Emergency Medical Services
109 Governor Street, Suite UB-55
Richmond Virginia 23219
(800) 523-6019
(804) 864-7600
www.vdh.virginia.gov/oems

Office of Emergency Medical Services (OEMS)
Grant Programs

The Office of EMS currently administers one reimbursement grant program, which consist of the following:

Rescue Squad Assistance Fund (RSAF)

Information on the grant and line-by-line instructions for completing the application have been organized into sections for each grant program in order to make the application process easier.

GENERAL INFORMATION

All Grant Programs

Eligibility	Non-profit EMS Agencies and Organizations
Application Deadlines	March 15 and September 15
Grant Period	12 months
Grant Cycle	July 1 through June 30 or January 1 through December 31
Award Dates	July 1 and January 1
Grant Modification	Must meet individual grant guidelines
Grant Extension	Must meet individual grant guidelines
Type of Grant	Reimbursement (see instructions for more information.)
Grant Conditions	Funding conditions may be placed on any award

PROGRAM SPECIFIC INFORMATION

RSAF Items eligible for funding include EMS equipment and vehicles. Also included are computers, EMS management programs, courses/classes and projects benefiting the recruitment and retention of EMS members. Matching funds are required (usually 50%).

Items not eligible for funding include construction costs, daily operational costs such as expenses for electricity, gasoline or tires.

REMINDER:

Request grants for **Special Projects** and **Emergency Operations Response Equipment** through the General Fund.

APPLICATION PAGES

The following is a breakdown of the application pages that must be completed for each grant program. Some forms/pages are common pages and others are program specific. Please make sure that all forms/pages relative to your request are complete and accurate before submission to the Office of EMS.

Rescue Squad Assistance Fund

Page 1	Agency Information
Page 2	Agency Data
Page 3	Vehicle Data Sheet
Page 4	Financial Information for Non-Government Requests This page is for volunteer agencies only.
Page 5	Financial Information for Governmental Requests This page is for municipal/governmental agencies only.
Page 6	Rescue Squad Assistance Fund - Request Page
Page 7	Technical Information for the Purchase of Emergency Response Vehicles (required when applying for a vehicle)
Page 8	Technical Information for the purchase of Radio Communications Equipment (required when applying for a communications equipment)
Page 9	RSAF Rescue Truck/Extrication Equipment Questionnaire
Page 10	RSAF Special Projects Questionnaire
Page 11	Affirmation - Must include OMD signature

Virginia Office of EMS Grant Programs Application

Virginia Office of Emergency Medical Services
Virginia Department of Health
109 Governor Street, Suite UB-55 **(804) 864-7600**
Richmond Virginia 23219 **(800) 523-6019**

Agency Information

Grant No.	
☐ **RSAF**	
Office of EMS use only **Date received stamp**	

GRANT TYPE

Rescue Squad Assistance Fund
General
Special Projects
Emergency Operations

To Be Completed by Requesting Organization

Agency Name					
EMS Agency License No. (if applicable)		**Agency Certification (check one)**		☐ **BLS**	☐ **ALS**
Address			**City**		
			County		
			ZIP Code		
Regional Council					
Federal ID Number	*Provide a copy of IRS letter showing FIN or latest copy of FORM 990.*				
Organization Structure (check one)	**EMS Agency** ☐ Volunteer ☐ Municipal ☐ Combined (volunteer/career) **Non-EMS Agency** ☐ Non-Profit Hospital ☐ Regional EMS Council ☐ Government (City/County) ☐ Other (specify) _____				

Rescue Squad Assistance Fund Agency Data

All agency data appearing on this page shall reflect the entire agency (including any sub-stations)

Personnel Data

Current OEMS Certification	Quantity	Member Status	
First Responder		Number of Employees/Members	
EMT			
Shock Trauma/EMT Enhanced		Career	
Cardiac Tech/Intermediate		Part Time	
Paramedic			
Driver ONLY		Volunteer	
Other (Support Staff, Jr. Members, etc.)		Other (Support Staff)	
Total number of personnel		*Total Members	

*This information is **not** required for Regional EMS Council requests.

Operational Activity

Type of EMS Service: ☐ Career ☐ Combination: ☐ Volunteer

Total EMS Calls January 1, 2004 - December 31, 2004		Demographics	
BLS Calls (includes stand-bys)		Square Miles of Service Area	
ALS Calls		Population of Service Area	
TOTAL number of calls		Total Number of Stations	
Number of calls your agency was UNABLE to respond to, for any reason (define in comments section, ex.: (equipment failure, staffing, call volume, etc.)		Number of calls your agency responded to OUTSIDE of your first due area	
Average Call Time			
Average Round Trip Mileage per Call			
Average Mileage to Nearest Hospital			

Comments:

Rescue Squad Assistance Fund Vehicle Data

CHECK HERE IF NEW AMBULANCE (ORDERED/PURCHASED BUT NOT PERMITTED) NOT LISTED ☐

Make additional copies of this page as needed to include all EMS permitted vehicles.

Chassis/Box Yr (Example: 1994/1989)	**Mileage**	**Make/Model** (Ex: Ford/E-350)	**4WD (y/n)**	**Type Code** (see below)	**Class Permit** Ground Ambulance Non-Transport Resp.	**Unit #**

Type Code

1. Type I Ambulance
2. Type II Ambulance
3. Type III Ambulance
4. Any vehicle used for first response - Licensed as Non-Transport Response (Chase, Rapid or First Response)
5. Light Duty Rescue Vehicle
6. Medium Duty Rescue Vehicle
7. Heavy Duty Rescue Vehicle
8. Pumper
9. Ladder Truck
10. Utility (Chief's Car, Sedans, Brush Trucks, etc.)
11. Boats
12. Type II Medium Duty Ambulance

Rescue Squad Assistance Fund
Financial Information for Non-Governmental Agencies (i.e.- volunteer agencies)

Balance Sheet for January 1, 2004 – December 31, 2004 (round off to nearest dollar)

Assets		Liabilities	
BEGINNING CASH BALANCE (as of January 1, 2004) **Available Cash On Hand/Checking Account**	**$**	**Balance of Open Accounts**	**$**
Real Estate (Building & land @ market value)	**$**	**Notes or Mortgages Owed**	**$**
Investments (unrestricted) (CDS, stocks, bonds, savings, etc.)	**$**	**Other Indebtedness/Obligations** (Explain below)	**$**
Equipment, Vehicles, etc (Capital items @ market value)	**$**	**TOTAL LIABILITIES**	**$**
Restricted Funds (Explain in narrative)	**$**		
TOTAL ASSETS	**$**	**NET WORTH** (total assets minus total liabilities)	**$**
Does your agency charge a fee for service?	☐ **Yes** ☐ **No**	**How much per call?** **Cost Recovery (Rate of Return)**	**$_____** **_____ %**

Cash Operations Statement for Year (Ending December 31, 2004)

Receipts/Revenue		Expenditures	
		Operational Expenses	**$**
Local Government	**$**	**Personnel Costs** (Salaries, Benefits, etc.)	**$**
25% Return to Locality (Two for Life)	**$**	**Capital Expenditures)** (List items purchased below)	**$**
Donations, Contributions, Bequests, Mem., etc.	**$**		
EMS Fee for Service	**$**	**Other** (include Transfers to Asset Accounts)	**$**
Fund Raising	**$**		
Interest & Dividends	**$**		
Grants (from any source)	**$**	**Non-operational Expenditures** (ie. Fund Raising Costs)	**$**
Other Income/Revenue	**$**	**TOTAL EXPENDITURES**	**$**
TOTAL RECEIPTS/REVENUE	**$**	**Cash Increase (Decrease)** (Receipts minus Expenditures)	**$**
Describe your Agency's definition of Capital Expenditures.		**BEGINNING CASH BALANCE** (as of January 1, 2004)	**$**
		ENDING BALANCE: (balance as of December 31, 2004)	**$**

EMS Budget (Related to EMS Operations Only)	**Previous FY Budget**	**Current FY Budget**	**% Change (+/-)**
Personnel Costs Salary & Benefits			
Operating Expenses Utilities, Supplies & Equipment Contractual Services Leases and Rentals			
Capital Expenses Apparatus/Equipment > $5,000			
Total EMS Budget			
Donations, Contributions, Bequests, Memorials, Etc.			
25% Return to Locality (Two for Life Funds)			
Grants (from any source)			

Amount received from EMS Fee for Service for last Fiscal Year **$_____**

Describe your department's definition of capital expenditures.

Comments:

Rescue Squad Assistance Fund
Request Page

Each line item must indicate state funds requested and agency match. Refer to instructions on individual initiatives.

Initiative	Funding Level ☐ 50/50 ☐ 80/20	☐ Add	Qty _____	Item Requested	Total Purchase Price
General	Type Code _____ (see below)	☐ Replace	Current Inventory _____		$

Narrative: (If more space is needed provide a separate page not to exceed one page.)

Initiative	Funding Level ☐ 50/50 ☐ 80/20	☐ Add	Qty _____	Item Requested	Total Purchase Price
General	Type Code _____ (see below)	☐ Replace	Current Inventory _____		$

Narrative: (If more space is needed provide a separate page not to exceed one page.)

Type Code

1. Vehicle
2. Defibrillator
3. Communications Equip.
4. ALS Equipment
5. BLS Equipment
6. ALS/BLS Training Equip.
7. Rescue Equip.
8. Extrication Equip.
9. Other
10. Computer Equip.
11. Public Information Programs or Presentations (Brochures, Videos, etc.)
12. Management & Leadership Courses (CISM, Team Building, Conflict Management, etc.)

Rescue Squad Assistance Fund
Technical Information for the purchase of Emergency Response Vehicles

IMPORTANT: **Must be completed for any/all vehicle or rechassis request(s)**

Requested vehicle(s) is/are: (check one of the following)	
	Permanent replacement for unit # _____
	Additional vehicle
	Rechassis/Refurbish

The following four (4) inquiries must be answered if requesting a **replacement** vehicle:

1) Describe the current condition of the vehicle to be replaced. _____
_____
_____

2) Indicate what will be done with the vehicle that is replaced. _____
_____

3) Explain why a rechassis should not be considered. _____
_____
_____

4) Number of calls your agency was **unable** to respond to due to the mechanical unavailability of the emergency vehicle to be replaced. _____

The following inquiry must be answered if requesting a vehicle be **rechassised/refurbished**:

1) Describe the current condition of the vehicle to be rechassised/refurbished. _____
_____

Vehicle Location

Identify where the requested vehicle will be housed and intended for use.
_____

Vehicle Maintenance

Describe the maintenance program used to maintain your agency vehicle fleet.
_____
_____

What is the average length of service in miles and/or years of vehicles operated by your agency?		**Years**
		Miles

Rescue Squad Assistance Fund
Technical Information for the purchase of Radio Communications Equipment

IMPORTANT: Must Be Completed For Any Request For Base, Mobile, or Portable Radios or for Pagers or Alerting Receivers

All Requested Communications Equipment must Be Listed on the "Grant Request"

AGENCY FREQUENCY PLAN & CHANNEL CONFIGURATION ***(REQUIRED FOR ALL RADIO REQUESTS)***						
CHANNEL	TRANSMIT (MHZ)	RECEIVE (MHZ)	CTCSS (Hz) or DPL (Code)	FCC CALL SIGN	NAME OR USE OF CHANNEL (i.e., Jones Co. Dispatch / Fire / EMS, HEAR)	PURPOSE (Dispatch, Fire, EMS, Mutual Aid, Medical)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						

Pager and Alerting Information ***(Required for all requests for Pagers, Paging Portables, and Alert Monitors)***		
Name of Communications Center (Agency) Activating Alerts/Pages:		
Receiver Frequency Used To Receive Alerts/Pages:	MHZ	: Alerting
Second Frequency for Alerting or Monitoring (if any):	MHZ	Alerting Monitoring
Purpose or Use of Second Frequency (Justify in Narrative):		
Members Will Be Alerted With These Receivers (Check All That Apply)	As A Group By Duty Squads Individually	

Current inventory of requested Communications Equipment
(Required for all requests)
(List similar items by group, i.e., Mobile Radios, Portable Radios, Minitor Pagers (All Types); List Different Bands On Separate Lines)

CATEGORY OF EQUIPMENT REQUESTED	BAND (LB, VHF, UHF, 800)	PRESENT INVENTORY	%	PLAN TO PURCHASE	&	PLAN TO REASSIGN OR DISPOSE	=	TOTAL
							=	
							=	
							=	
							=	

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES

RSAF
Rescue Truck/Extrication Equipment
QUESTIONNAIRE

109 Governor St.
Madison Bldg., Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

APPLICANT INFORMATION

AGENCY NAME: _____ DATE: _____

RSAF GRANT # - OEMS will insert _____ EQUIPMENT REQUESTED: _____

NAME OF INDIVIDUAL SUBMITTING QUESTIONNAIRE: _____

Complete for any RESCUE/CRASH TRUCK Request (must also complete Technical Vehicle Page):

1. Number of calls requiring use of a rescue or crash truck in the last 12 months: _____
2. Location of the next nearest rescue or crash truck? _____
3. Age and/or condition of current equipment if equipment is to be replaced: _____
4. Justification for light/medium or heavy duty vehicle request: _____

_____

_____

Complete for any EXTRICATION EQUIPMENT Request:

5. Number of calls requiring use of extrication equipment in the last 12 months: _____
6. Location of the next nearest set of extrication equipment? _____
7. Age and/or condition of current equipment, if this is to be replaced: _____

RETURN COMPLETED QUESTIONNAIRES TO THE OFFICE OF EMS with the rest of the grant application

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RSAF
SPECIAL PROJECTS QUESTIONNAIRE

APPLICANT INFORMATION

AGENCY NAME: _____ DATE: _____

RSAF GRANT # _____ PROJECT TITLE: _____

REGIONAL COUNCIL SUBMITTING QUESTIONNAIRE: _____

1. PLEASE GIVE A BRIEF DESCRIPTION OF THE SPECIAL PROJECT (2-3 SENTENCES).

2. WHAT ARE THE SPECIFIC OBJECTIVES OF THE PROJECT AND ANTICIPATED TIME FRAMES?

3. EXPLAIN ANTICIPATED IMPACT OF THE PROJECT ON AGENCY, CUSTOMER SERVICE, OR COMMUNITY. WHO WILL BENEFIT FROM THE PROJECT?

4. WHAT DO YOU EXPECT WILL BE THE TWO MOST CRITICAL ISSUES OR CHALLENGES FACING YOUR AGENCY IN COMPLETING THIS SPECIAL PROJECT?

5. DOES YOUR AGENCY HAVE ADEQUATE RESOURCES (money, equipment, facilities, personnel, etc.) TO ACHIEVE THE GOALS OF THE PROJECT?

6. DESCRIBE HOW YOU WILL EVALUATE WHAT CHANGES OR POSITIVE PROGRESS CAN BE DIRECTLY LINKED TO THE SPECIAL PROJECT.

RETURN COMPLETED QUESTIONNAIRES TO THE OFFICE OF EMS with the rest of the grant application

Affirmation

(required for all grant submissions)

The Authorized Agent, whose name and signature appear below has been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests. In addition, the Authorized Agent attests to the agency or organization's ability to provide the matching funds (50% or 20%) to complete the purchase of the EMS vehicle or equipment, should they be awarded state funds. The Authorized Agent is aware that EMS vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent, by signing below, attests to the fact that the Agency(s) that is affected by the possible outcome of this grant request, have been notified and agree to its submission. **RSAF Requests:** The Authorized Agent, by signing below attests that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization.

Agency/Organization Authorized Agent:
(original signature is required)

Agency/Organization Name _____

Printed Name of Authorized Agent _____

Signature of Authorized Agent _____

Title _____

Daytime Phone Number _____ Date _____

E-mail address _____

Operational Medical Director
(original signature is required for all RSAF and ALS Training Funds requests)

I am the Operational Medical Director for the above referenced agency/organization. I have read and support this application for the state funds being requested for classes and/or equipment.

Printed Name _____

Signature of OMD _____

Daytime Phone Number _____ Date _____

E-mail address _____

OPTIONAL: City/County Representative

City/County representative shown below has been informed of the _____(insert agency name)_____request for grant funds.

Signature is not required.

Printed Name _____ Title _____

Daytime Phone Number _____